STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 12, 2006

GENERAL LETTER NO. 3-B-1

ISSUED BY: Deputy Director for Field Operations

SUBJECT: Employees' Manual, Title 3, Chapter B, ***STATE RESOURCE CENTERS,*** Title page, new; Contents (pages 1, 2, and 3), new; and pages 1 through 73, new.

Summary

This new chapter is a major rewrite of policies and procedures for the State Resource Centers. The policy contained covers human rights, abuse, individual support plans, clinical care, transition and discharge, risk management, peer review, and quality management.

Effective Date

Immediately.

Material Superseded

Employees' Manual, Title III, Chapter F, remains in effect, but this new chapter supersedes the policy in Chapter III-F as it applies to the Resource Centers.

Division Policy Memos 2-95 and 3-97 remain in effect but, the policy in these memos is superseded for the Resource Centers by this new chapter.

Division Policy Memo 4-91 remains in effect but this new chapter supersedes the discharge process required in the policy memo for the Resource Centers.

Additional Information

Refer questions about this general letter to your institution superintendent.

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STATE RESOURCE CENTERS

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OVERVIEW

The purpose of each state resource center is to provide individuals with developmental disabilities opportunities to live and develop independent living skills in a safe and humane environment where the individual's rights are protected with the end goal of assisting the individual to return to and live in the community.

This is best achieved when the resource center works to develop competency-based trained staff who work cooperatively with the individual to develop an individual support plan based on an assessment of the individual's preferences, strengths to build on, and needed supports. The plan also assesses the diverse risk issues affecting the individual's quality of life and develops supports to minimize the impact risks have on the individual.

The individual's served by the resource center usually have many medical needs that requires the services of professional clinical staff who are committed to providing treatment services in the most integrated manner possible to maximize good health and well being.

To assure that services comply with current professional standards and are maintained, it is essential that an ongoing process be in place to evaluate clinical judgment against practice standards along with the implementation of processes that continuously seek to improve the quality of the services provided.

In November 2004, the state of Iowa entered into a settlement agreement with the United States Department of Justice relating to the state resource centers. Effective October 1, 2004, the Iowa Department of Human Services and the state resource centers agreed to the Iowa State Resource Centers Plan. The policies in this chapter are part of the state's good-faith effort to implement the provisions of the agreement and the plan.

Each resource center shall establish, maintain, and adhere to written policies and procedures that comply with applicable federal and state law, policy, regulations, and ensure that policies and procedures reflect a commitment to quality through integrated teamwork. Each facility's policy shall be subject to the review and approval of the deputy director.

Legal Basis

Iowa Code section 218.1 provides that the director of the Department of Human Services has full authority to control, manage, direct and operate the Department's institutions and may assign this authority to the superintendents at the resource centers.

Iowa Code section 218.13 requires the Department to conduct background checks of any person who is:

- Being considered for employment involving direct responsibility for an individual or with access to an individual when the individual is alone; or
- Requesting permission to reside on the grounds of the resource center.

The purpose of the background check is to determine whether the person has been convicted of a crime or has a founded child abuse or dependent adult abuse record. If so, the Department is required to determine if the conviction or founded abuse warrants prohibition of the person from employment or residing on grounds.

Iowa Code Chapter 222 outlines the authority and responsibilities of the state resource centers.

Iowa Code sections 232.67 through 232.77, Iowa Code Chapter 235A, and 441 Iowa Administrative Code Chapter 175 define child abuse and require reporting, investigation, and actions to be taken to protect children a from abuse.

Iowa Code Chapter 235B and 441Iowa Administrative Code Chapter 176 define dependent adult abuse and require reporting, investigation, and actions to be taken to protect dependent adults from abuse.

Iowa Code sections 225C.25 through 225C.32 provide that persons with mental retardation, developmental disabilities, brain injury, or chronic mental illness retain the same rights granted to all other persons and cannot be denied these rights without due process.

Title XIX of the Social Security Act and 42 CFR §483.420(a) require facilities to ensure the rights of clients as a condition of participation in the Medicaid ICF/MR program.

Civil Rights of Institutionalized Person Act (CRIPA) at 42 USC §§1997j requires the United States Attorney General to investigate conditions of egregious or flagrant deprivation of rights of persons residing in public institutions.

Public Law 106-402, the Developmental Disabilities Assistance & Bill of Rights Act of 2000: (DD Act), codified at 42 USC 15001, provides that programs, projects, and activities for persons with developmental disabilities shall be carried out in a manner consistent with supporting the rights of the persons served.

Definitions

"Adult" means an individual 18 years of age or older.

"Allegation" means an assertion of misconduct or wrongdoing that has yet to be proven or confirmed by supporting evidence.

"Allied health services" means a group of diverse providers responsible for a portion of integrated healthcare that directly or indirectly impact services to individuals or facilities along the chain of service delivery.

"Business day" means a working day in the usual Monday-through-Friday workweek. A holiday falling within this workweek shall not be counted as a business day.

"Bio-psycho-social" means a philosophy identifying the inter-relatedness and interdependence of the biological, psychological, and social components of a human being.

"Child" means an individual under the age of 18.

"Clinical services" means a group of specialized practices addressing the bio-psycho-social needs of an individual. For the purposes of this policy, these practices include the specialized care provided by licensed practitioners in the fields of dentistry, medicine, neurology, neuropsychiatry, nursing, nutrition, occupational therapy, pharmacology, physical therapy, psychiatry, psychology, and speech and language pathology.

"Clinical indicator" means a measure assessing a particular health care outcome determined to have a clinical significance or correlation to the quality of care.

"Competency-based training" means a type of training in which the student must demonstrate, through testing or observed practicum, a clear understanding of the learning material presented.

"Contractor" means a person employed under a personal services contract by the facility that has direct personal contact with an individual.

"Corrective action" means action to correct a situation and prevent reoccurrence of the situation. Corrective action may include but is not limited to, program change, system change such as an environmental improvement, or disciplinary action.

"Department" means the Iowa Department of Human Services.

"Deputy director" means the Deputy Director for Field Operations.

"Guardian" means the person other than a parent of a child who has been appointed by the court to have custody of person of the individual as provided under Iowa Code section 232.2(21) or 633.3(20).

"Employee" means a full-time, part-time, or temporary person on the payroll of the facility.

"Family" means, for an adult individual, the family member who the individual has designated to receive information concerning the individual's services at the resource center.

"Individual" means any child or dependent adult residing at and receiving services from a resource center. For the policies on human rights and abuse, it also includes any child or dependent adult not residing but receiving services from a resource center.

"Individual support plan" or **"ISP"** means the plan of treatment, education, and support services developed for each individual to address the individual's identified needs.

"Interdisciplinary team" or **"IDT"** means a collection of people with varied professional backgrounds who develop one plan of care to meet an individual's need for services.

"Legal representative" means a person, including an attorney, who is authorized by law to act on behalf of an individual.

"Mandatory reporter" means:

- For adult abuse, a person as defined in the Iowa Code section 235B.3(2).
- For child abuse, a person as defined in the Iowa Code section 232.69(1).

"Parent" means a natural or adoptive mother or father of a child but does not include a mother or father whose parental rights have been terminated.

"Qualified mental retardation professional" or **"QMRP"** means the leader of the interdisciplinary team (IDT), also referred to as the treatment program manager (TPM). The qualified mental retardation professional is ultimately responsible for ensuring individuals receive all needed bio-psycho-social services and supports in an integrated and coordinated fashion.

"Quality council" means the group of key resource center employee leaders in administration, clinical services, and direct service management that is responsible for oversight of the quality management and performance improvement practices facility-wide.

"Quality of care" means the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

"Volunteer" means an unpaid person registered with the resource center who has direct contact with an individual.

POLICY ON HUMAN RIGHTS

It is the policy of the Department of Human Services that the constitutional and legal rights of every individual who resides at or receives services from a resource center shall be protected and asserted. Individuals residing at a resource center possess the rights to:

- Exercise their rights as an individual and as a citizen or resident of the United States.
- Have a dignified existence with self-determination, making choices about aspects of their lives significant to them.
- Be free from physical, psychological, sexual, or verbal abuse, neglect and exploitation.
- Be free from unnecessary drugs and restraints.

- Receive care in a manner maintaining their dignity and respecting their individuality.
- Receive an explanation of their medical condition, developmental and behavioral status, and the attendant risks of treatment.
- Receive appropriate treatment, services, and habilitation for their disabilities, including appropriate and sufficient medical and dental care.
- Refuse treatment (i.e., medication, behavioral interventions, etc.) and to be explained the consequences of those refusals.
- Receive an explanation and written copy of the rules of the facility.
- Have confidentiality of, and reasonable access to, their personal resource center records.
- Work, when desired, and be compensated for their work.
- Refuse to perform services for the facility and not be coerced to perform services.
- Share a room with a spouse when both live in the same facility.
- Receive visits from parents, guardians, legal representatives, or family without prior notice given the facility.
- Have opportunities for personal privacy, including during the care of personal needs.
- Communicate and meet privately with individuals of their choice without prior notice given to the facility.
- Have private phone calls.
- Keep and use appropriate personal possessions, including wearing their own clothing.
- Send and receive unopened mail.
- Manage the individual's own financial affairs.
- Communicate and access people and services at the facility and in the community, including organizing and participating in resident groups while at the facility.
- Choose activities, schedules, and care consistent with their interests, needs and care plans.
- Engage in social, religious, and community activities.
- Give informed consent including the right to withdraw consent at any given time.
- File a grievance without any form of intimidation or reprisal resulting from the grievance.

An individual's rights shall not be limited or abridged without due process under the laws of the state of Iowa or a restrictive intervention program approved under this policy with written consent of the individual or the individual's parent, guardian, or legal representative.

Human Rights Principles

Resource center written policies and procedures shall assure that:

- Individuals receiving services shall have the same legal and civil rights of all United States citizens, including the right to a dignified, self-directed existence in a safe and humane environment.
- Individuals shall be acknowledged as having full possession of these rights. Any restriction or encumbrance on an individual's rights shall be based on:
  - A court order (involuntary commitment, guardianship, etc.);
  - The written consent of the individual; or
  - A programmatic restrictive intervention process approved under this policy before such encumbrance occurs, except in the case of an emergency.
- An individual's rights shall be respected and protected against violation.
- Upon admission and at least annually thereafter, each individual, or the individual's parent, guardian, legal representative, or family, shall receive an explanation of the individual's rights and responsibilities in a manner and format the recipient understands.
- A standardized rights violation grievance process shall be established and maintained.
- All suspected rights violations, whether as an individual or a group, shall be investigated promptly and addressed through the identified grievance process.
- Individuals shall be educated on their rights and encouraged to exercise those rights in a manner that respects and does not violate the rights of others.
- Any allegation of rights violation that meets the definition of abuse under federal or state laws shall be reported and investigated in compliance with the Department's policies on abuse.

Human Rights Definitions

"Due process" means assuring that an individual's rights are not limited unless done so by court order through a process defined by law or through an individual's approved program plan process that includes informed consent.

"Grievance" means a written or oral complaint by an individual involving a rights violation, or unfairness to the individual, or any aspect of the individual's life that the individual does not agree with.

"Informed consent" means an agreement by an individual, or by the individual's parent, guardian, or legal representative, to participate in an activity based upon an understanding of:

- A full explanation of the procedures to be followed, including an identification of those that are experimental.
- A description of the attendant discomforts and risks.
- A description of the benefits to be expected.
- A disclosure of appropriate alternative procedures that would be advantageous for the person.
- Assurance that the consent is given freely and voluntarily without fear of retribution or withdrawal of services.

"Programmatic restrictive intervention" means a planned act, program, process, method, or response infringing upon an individual's rights that has been approved by the Human Rights Committee and for which informed consent has been obtained.

"Restrictive intervention" means an act, program, process, method, or response limiting or infringing upon an individual's rights.

"Rights" means the human, civil, and constitutional liberties an individual possesses through federal and state constitutions and laws.

"Rights violation" means any act, program, process, method or response, either through commission or omission, infringing upon or limiting an individual's rights, as defined in this chapter, without due process or without adherence to the emergency restriction policy in this chapter.

"Risk/benefit analysis" means weighing the negative impact on the individual's rights against the expected benefit of a rights limitation to determine if the individual's expected outcome, with the rights limitation, is of more value to the individual than the outcome of not limiting the individual's rights.

Rights Posting

Resource center written rights violation process policies and procedures shall assure that the rights of individuals are conspicuously posted in each living area and day program site in a brief and easily understood statement. The posting shall include:

- Information on how an individual may assert the individual's rights including the process for reporting alleged rights violations or grievances.
- A statement that retaliation shall not occur for good faith reporting.

Restrictions or Constraints on Rights

Resource center written policies and procedures shall assure that:

- The intentional violation of an individual's rights without due process, or the failure to report such violation is prohibited.
- All employees shall be responsible for protecting and promoting individual rights and support individuals in exercising their rights independently and, if necessary, with staff assistance.
- A process for approving restrictive interventions shall be implemented that requires:
  - Completion before an individual's rights are limited;
  - An interdisciplinary team review;
  - The informed consent of the individual or the individual's parent, guardian, or legal representative.

- Documentation justifying the need for restriction including:
  - The purpose of the restriction.
  - The identified need and rationale for the restriction,
  - Less restrictive interventions tried without success.
  - Risk/benefit analysis supporting the need for the restrictive intervention.
  - The review and approval of the resource center's Human Rights Committee.

♦ At or before admission, each individual, or the individual's parent, guardian or legal representative shall be provided with a copy of the rules of the facility and an explanation in a manner and format the individual, parent, guardian, or legal representative understands.

♦ All court-ordered restrictions shall be incorporated into an individual's individual support plan.

Emergency Rights Restrictions

Resource center written policies and procedures shall assure that a process for approving emergency restrictions is implemented and requires that:

♦ The process shall be used only when intervention is necessary to immediately protect the health or safety of the individual or others.

♦ The intervention shall be approved by a supervisor.

♦ The emergency restriction shall be reviewed by the individual's Interdisciplinary Team within three business days of the emergency rights restriction.

♦ The individual's interdisciplinary team shall review any instance of more than three emergency restrictions in any four-week period and the individual's individual support plan is revised as appropriate.

♦ Data shall be collected and reviewed monthly according to the resource center's policy.

Human Rights Committee

Resource center written policies and procedures shall assure that a Human Rights Committee shall be maintained which is responsible to:

- Review recommended programmatic restrictive interventions;
- Approve or deny approval of recommended programmatic restrictive interventions;
- Monitor approved interventions to assure that programmatic restrictive interventions are implemented in accordance the Department's policy;
- Investigate grievances or allegations of rights violations;
- Make recommendations for program improvement; and
- Maintain a record of the decisions of the committee.

Reporting of Violations

Resource center written policies and procedures shall assure that:

- All employees, volunteers, and contractors witnessing or having knowledge of a rights violation shall be required to report the rights violation.
- The employee shall immediately report all allegations of rights violation orally to the employee's direct line supervisor, unless the allegation involves the supervisor, in which case the report shall be made to the supervisor's supervisor. Volunteers and contractors shall report allegations to the volunteer's or contractor's designated facility employee contact.
- All information pertaining to the allegation and subsequent investigation shall be kept confidential, including the name and position of the person making the report.
- Retaliation shall not occur for good faith reporting.
- Failure to report allegations of rights violation shall not be tolerated, including the willful failure to report rights violation.

Response to Report

Resource center written policies and procedures shall assure that:

- Notification of grievances filed shall be provided to the treatment program administrator, the Office of Quality Management, and the Human Rights Committee.
- All allegations and rights violation allegations shall be immediately reported to the superintendent or the superintendent's designee.
- The superintendent or the superintendent's designee shall reported to the deputy director all allegations of grievances or rights violations that are submitted to the Human Rights Committee for investigation. The report shall be made within 48 hours of the submittal to the Human Rights Committee.

Allegations of Abuse

Resource center written policies and procedures shall assure that:

- All allegations of rights violation that meet the definition of abuse shall be investigated under the policies governing abuse investigations.
- If an allegation of rights violation does not meet the definition of abuse, but does meet the definition of mistreatment or neglect, it shall be investigated under the policies governing abuse.

Grievance Filing Process

Resource center written rights violation process policies and procedures shall assure that:

- A grievance filing process is developed and implemented for use by an individual who believes one or more of the individual's rights have been violated or has any other complaint. The process shall:
  - Specify the right for an individual or the individual's parent, guardian, legal representative, or family to file a written or oral grievance;
  - Provide assistance in filing filling the grievance needed by the individual filing;
  - Specify whom the grievance may filed with; and
  - Provide written notification to the individual's parent, guardian, legal representative, or family of the alleged grievance and the outcome of the investigation.
- Retaliation shall not occur for good faith reporting.

Investigation Process

Resource center written policies and procedures on the grievance and rights violation investigation process shall assure that:

- A copy of all grievances filed shall be sent to and reviewed by the Human Rights Committee.
- The Human Rights Committee shall investigate all grievances or allegations of rights violation, regardless of merit, unless resolved earlier in the process.
- All grievances or allegations filed shall be investigated by:
  - The first-line supervisor and treatment program manager. Within five business days after initiation of the grievance, the first-line supervisor and the treatment program manager shall investigate the grievance. The treatment program manager shall meet with the individual filing the grievance.

    If the complaint isn't resolved at this level, the findings shall be submitted to the treatment program administrator.

- The treatment program administrator. Within five business days of receipt of the grievance, the treatment program administrator shall meet with the individual filling the grievance. If the grievance cannot be resolved at this level, the findings shall be submitted to the Human Rights Committee.
- The Human Rights Committee. Within ten business days the Committee shall complete its investigation and then within five business days shall develop recommendations for resolution and make a written report.

♦ Investigative reports shall be made using form 470-4367, *Resource Center Individual Grievance*, and shall contain, at a minimum, the following:

- The name of the individual who filed the grievance or rights violation report.
- The date, place, and time of the incident.
- The date the incident was reported.
- Each grievance or allegation of rights violation.
- The names of all individuals involved.
- The names of all employees and individuals who witnessed the grievance or alleged rights violation.
- The names of all persons interviewed during the investigation.
- For each interviewee, the questions asked and responses given, or if a tape of the interviews is available and maintained, a summary of the questions asked and responses given.
- All documents reviewed during the investigation.
- All sources of evidence considered, including previous investigations involving the individual or the employee.
- The finding of the investigation and a clear statement as to the reasons for Human Rights Committee conclusions.
- Recommendations for any corrective action (other than personnel actions).
- The outcome of the grievance or rights violation investigation.

- The findings and conclusions of all investigations resolved before reaching the Human Rights Committee level shall be sent to the Committee within two business days for review at the next meeting. The minutes of the Human Rights Committee shall document the review.
- The individual's guardian, family, legal representative and the individual's parent, if the individual is a child, shall be notified of the resolution and findings and shall be provided with a statement specifying the right to appeal the decision to the superintendent.

Appeal Process

Resource center written grievance and rights violation process policies and procedures shall assure that:

- The individual filing the grievance shall have the right to appeal the decision of the Human Rights Committee to the superintendent. The appeal can be made orally or in writing and must be filed within 14 business days of the Human Rights Committee issuing its written report.
- The superintendent shall provide a written decision on the appeal within 14 business days.
- If the individual filing the appeal to the superintendent isn't satisfied with the Superintendent's decision, the individual shall be provided with information on the individual's right to have a further appeal to the district court.

Corrective Action

Resource center written policies and procedures shall assure that:

- There is a process to assign the development and implementation of specific corrective actions plans to address issues identified in all Human Rights Committee findings with the purpose of correcting any specific violations and preventing future violations. This process shall assure that:
  - Written corrective action plans shall be developed within five business days of assignment.
  - Corrective actions plans shall identify the tasks, timelines, outcomes to be accomplished, and the employees responsible for implementation.

- Corrective action plans shall be implemented in a timely manner.
- The results of corrective action plans shall be documented.

♦ The superintendent or the superintendent's designee shall approve all corrective action plans and any proposed modification to content or timeline.

♦ There is a monitoring process to assure that all corrective actions shall be developed and implemented as written.

Personnel Practices

Resource center written policies and procedures shall assure that:

♦ Any employee, volunteer, or contractor who has been found to have violated the rights of an individual shall be subject to sanctions up to, and including, dismissal or termination of contract.

♦ All decisions on type and severity of disciplinary actions taken against employees shall:

- Be made timely; and
- Be based on an evaluation of the type and severity of the incident based on the evidence in the incident report, prior personnel actions taken with the employee, and other components of just cause.

Rights Performance Improvement

Resource center written policies and procedures shall assure that quality management practices are in place to monitor the reporting of and review of grievances and alleged rights violations; identify systemic issues, actual or potential, needing corrective action; and monitor the completion and implementation of corrective action plans.

Data Collection and Review

Resource center policies and procedures shall assure the collection of data on grievances or alleged rights violations as described in this section.

Data collection shall include, at minimum, the following categories and all be provided in the format defined by the deputy director:

- Name of individual for whom grievance or alleged rights violation is filed
- Case number
- Date of grievance or alleged rights violation
- Date the grievance or alleged rights violation was reported
- Time of the grievance or alleged rights violation
- Living unit
- Location where grievance or alleged rights violation occurred
- Type of grievance or alleged rights violation
- Immediate action taken with staff
- Immediate action taken with individual
- Names of individual and employee involved
- Names of all witnesses
- Names of other individuals directly or indirectly involved
- Reported causes of the grievance or rights violation
- Outcomes of the Human Rights Committee investigation
- Date the Human Rights Committee investigation began
- Date the Human Rights Committee investigation completed
- Final personnel action taken and date
- Corrective actions assigned, including:
  - The person responsible for corrective action completion,
  - The date by which the corrective action plan is to be completed, and
  - The date documentation evidencing corrective action completion was submitted

Records of the results of every investigation of grievances or alleged rights violations shall be maintained in a manner that permits investigators and other appropriate staff to easily access each investigation involving a particular employee or individual.

Data gathered from data analysis shall be consistently used for identifying and addressing individual and systemic issues to improve the quality of life for individuals. The resource center Quality Council shall review data from all rights violation investigations to assure that:

- Problems are timely and adequately detected;
- Timely and adequate protections are implemented;
- Timely and appropriate corrective actions are implemented; and
- Root causes are identified, when possible, that lead to corrective action.

Reporting Requirements on Rights Data

Resource center written policies and procedures shall assure that:

- The monthly reporting process of grievances or rights violation allegations and related investigative findings to the facility Quality Council shall be defined.
- The data collected shall be available for analysis by each data element collected.
- The Deputy Director's Office shall be provided with:
  - A monthly summary report on the individual grievances or rights violations filed,
  - A quarterly summary of the analysis of the investigations of grievances or rights violations identifying systemic issues,
  - A quarterly summary of how the data analysis from investigations was used to identify systemic issues, and
  - A quarterly summary of how the data analysis was used to address systemic issues and improve the quality of life of individuals.

Employee Training and Education on Rights

Resource center written policies and procedures shall assure that:

- All newly hired employees, volunteers who work on a regular basis, and contractors shall receive competency-based training on the following human rights topics before having contact with individuals receiving services:
  - Individuals' rights as United States citizens or residents;
  - Applicable statutory rights;
  - The resource center philosophy, policy and practice on protecting and promoting individuals' rights;
  - Programmatic restrictive interventions;
  - Reporting suspected rights violations;
  - Facility processes in reviewing suspected rights violations; and
  - The role of the Human Rights Committee.
- All employees shall receive annual human rights awareness training. Annual training sessions may be an abbreviated version of the comprehensive curricula however, all employees shall demonstrate competency on all rights-related topics.
- All staff training and education shall be regularly documented for each employee in a manner that permits the information to be available individually and in aggregate form.
- Education curriculum shall be updated regularly to reflect current professional standards on the subject matter.
- Staff training shall be implemented in a timely manner.
- Parents, guardians, legal representatives, and family of individuals, shall be provided with information on identifying and reporting rights violations and encouraged to report incidents they believe to be violation of an individual's rights.

POLICY ON ABUSE

It is the policy of the Department of Human Services that abuse, mistreatment, or neglect of individuals residing at or receiving services from a resource center by employees, contractors, or volunteers is prohibited and will not be tolerated. This policy addresses both:

- Actions that constitute abuse as legally defined by law; and
- Mistreatment and neglect that is not legally defined as abuse but is prohibited by departmental policy.

Protection from abuse is achieved when:

- Facility leadership will not tolerate abuse.
- Employees are trained to recognize and report abuse.
- Allegations of abuse are promptly, effectively, and professionally investigated.
- There are strong sanctions for persons who commit abuse.

General Principles

Resource center written policies and procedures shall assure that:

- Individuals shall be encouraged and educated to assert the legal and civil rights they share with all United States citizens, including the right to a dignified, self-directed existence in a safe and humane environment, free from abuse, mistreatment, and neglect.
- Individuals shall be treated with respect and dignity at all times.
- All employees, and contractors and volunteers who will have regular contact with individuals, shall be trained to identify and report abuse, mistreatment and neglect.
- The provisions contained herein shall apply to all employees, contractors, and volunteers providing services to individuals.
- Employees, contractors, or volunteers who witness, have knowledge of, or suspect abuse, mistreatment, or neglect of individuals, shall immediately report the abuse or mistreatment.

- Allegations of abuse, mistreatment, or neglect shall prompt a response by the resource center to ensure the individual's immediate health and safety is not compromised.
- Investigations of allegations of abuse, mistreatment, or neglect shall be conducted in a professional, confidential, accurate, thorough, and timely manner.
- For individuals who are unable to communicate thoughts or feelings such as fear or humiliation, the assumption shall be made that any actions that would be viewed as potential or actual abuse, mistreatment, or neglect are abusive to the individual, regardless of that individual's perceived ability to comprehend the nature of the incident.

Abuse Policy Definitions

"Abuse" as used in this policy means child abuse as legally defined in the Iowa Code section 232.68(2) and in 441 Iowa Administrative Code 175.21(232,235A) or dependent adult abuse as legally defined in the Iowa Code section 235B.2(5) and in 441 Iowa Administrative 176.1(235B). General definitions are included in this section. See 3-B-Appendix for full Iowa Code and administrative rule definitions.

"Caretaker" means an employee or agent of any public or private facility providing care for an individual, including an institution, hospital, health care facility, group home, mental health center, residential treatment center, shelter care facility, detention center, or child care facility.

"Child abuse" under Iowa law generally means:

- **Physical abuse:** non-accidental physical injury, or injury that is at variance with the history given of it, due to the actions or omissions made by the caretaker.
- **Mental injury:** any mental injury to a child's intellectual or psychological capacity resulting in an observable and substantial impairment in the child's ability to function within that child's normal range of performance and behavior because of the acts or omissions of the caretaker.
- **Sexual abuse:** the commission of sexual offense with or to a child as a result of the acts or omissions of a caretaker. Such acts include but are not limited to inappropriate touching or fondling, kissing sexual intercourse or exposure by a caretaker.

- **Denial of critical care:** the failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, or other care necessary for the child's health and welfare.
- **Presence of illegal drugs:** an illegal drug is present in a child's body as a direct and foreseeable consequence of the acts or omissions of the caretaker.
- **Manufacturing or possession of a dangerous substance in the presence of a child:** the caretaker has manufactured a dangerous substance in the presence of the child, or possesses a substance with the intent to manufacture a dangerous substance.
- **Bestiality** in the presence of a child.
- **Cohabitation** with a sex offender.

"Corporal punishment" means the use of any physical force to inflict punishment for an individual's actions.

"Critical incident" means:

- All individual and staff level 3 physician interventions or hospitalizations caused by physical abuse, assault, medication error or injuries to genitalia;
- All sexual abuse or sexual assaults of clients;
- All sexual contact between minors;
- Deaths caused as a result of physical injury or neglect or that are suspicious or unexplained; and
- Elopements.

"Dependent adult abuse" under Iowa law generally includes any of the following as a result of the willful or negligent acts or omissions of a caretaker:

- **Physical abuse:** physical injury, injury which is at variance with history given of the injury, or unreasonable confinement, unreasonable punishment, or assault, which can include offending an individual.
- **Exploitation:** the act or process of taking unfair advantage of a dependent adult or the dependent adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult.

- **Sexual abuse:** the commission of a sexual offense with or against a dependent adult, including but not limited to inappropriate touching or feeling, intercourse, and indecent exposure.
- **Denial of critical care:** deprivation of the minimum:
  - Food
  - Shelter
  - Clothing
  - Supervision
  - Physical care
  - Mental health care
  - Medical care, and
  - Any other care necessary to maintain a dependent adult's life or health

  Denial of critical care exists when basic needs, behavioral, emotional needs are denied or ignored to an extent that there is imminent or potential danger of the dependent adult suffering serious injury or death and when there is a failure to provide for proper supervision of care.

"Elopement" means:

- An individual wanders off course during on-campus travel and neither returns independently nor is found by an employee within 15 minutes of the individual's expected arrival; or
- Any absence without leave where:
  - There is injury to the individual, or
  - The individual engages in high risk or dangerous behavior, or
  - The individual goes off campus, unless in continuous sight of an employee, or
  - The resource center decides to organize a search team or call law enforcement.

"Health practitioner" means any licensed physician or surgeon, osteopath, osteopathic physician and surgeon, dentist, optometrist, podiatrist or chiropractor; a resident or intern in any of these professions; any registered nurse, licensed practical nurse, or nurse practitioner; and any physician assistant.

"Incident" means any action or occurrence that may affect the health, safety, or well being of a resident of a resource center.

"Injury of unknown origin" means any physical injury where the action that caused the injury was not observed and there is no reasonable explanation of cause.

"Medication error" means not administering a medication as ordered or administering a medication without authorization.

"Mistreatment" means a prohibited act that does not meet the legal definition of abuse. Prohibited acts include but are not limited to use of corporal punishment and use of derogatory terms to communicate verbally, in written form, or gesture to an individual.

"Neglect" means a prohibited act that does not meet the legal definition of abuse. Prohibited acts include but are not limited to treatment or medication errors resulting from careless or intentional acts, use of unapproved techniques for physical interaction, elopement, or lack of supervision or treatment that has a potential for harm.

"Perpetrator" means a person who has been found, under the law, to be responsible for the abuse or neglect of a child or dependent adult or a person found to be responsible for the mistreatment or neglect of an individual under this policy.

"Physical injury" means damage to any bodily tissue to the extent that the tissue must undergo a healing process in order to be restored to a sound and healthy condition, or damage to any bodily tissue, which results in the death of the person who has sustained the damage.

"Review committee" means the committee responsible for the overall monitoring, reviewing, determining the effectiveness of a resource center's implementation of abuse policies and corrective actions. The committee shall include at a minimum, the superintendent, the persons directly responsible for the program and treatment services, and the director of quality management.

Abuse Reporting Requirements

Requirements for reporting suspected abuse, mistreatment, or neglect differ based on whether the person alleged responsible is:

- An employee, volunteer, or contractor; or
- A person other than an employee, volunteer, or contractor

Allegations Against Employees, Contractors, and Volunteers

Resource center written policies and procedures shall assure that:

- All employees, volunteers, and contractors witnessing or having knowledge of abuse, mistreatment, or neglect or suspected abuse, mistreatment, or neglect shall be required to report the abuse, mistreatment, or neglect.
- An employee shall immediately report all allegations of abuse, mistreatment, or neglect orally to the employee's direct line supervisor. If the allegation involves the supervisor, the report shall be made to the supervisor's supervisor. Volunteers and contractors shall report to the employee who is the volunteer's or contractor's designated facility contact.

  All direct-line supervisors shall immediately report this information to the superintendent or the superintendent's designee.
- All mandatory reporters shall orally report the alleged abuse to the Department of Inspection and Appeals within 24 hours of knowledge of the incident.
- All mandatory reporters shall submit a written report to the Department of Inspections and Appeals within 48 hours of knowledge of the incident, using form 470-2441, *Suspected Dependent Adult Abuse Report*.
- The employee shall immediately report all injuries of unknown origin orally to the employee's direct-line supervisor. Volunteers and contractors shall report to the employee who is the volunteer's or contractor's designated facility contact.

  All direct-line supervisors shall immediately report this information to the superintendent or the superintendent's designee.
- All information pertaining to the allegation and subsequent investigation shall be kept confidential, including the name and position of the person making the report.

Allegations Against Other Persons

Resource center written policies and procedures shall assure that:

- All employees who receive a report of or have knowledge of abuse or suspected abuse that may have been caused by a person other than an employee, contractor, or volunteer shall report the alleged abuse to the Department of Human Services with 24 hours of knowledge of the incident.
- All contractors or volunteers who receive a report of or have knowledge of abuse or suspected abuse that may have been caused by a person other than an employee, contractor, or volunteer shall immediately report the allegation to the volunteer's or contractor's designated facility contact.

  The resource center shall have a process in place to report the allegation to the Department of Human Services within 24 hours of knowledge of the incident.
- An employee shall immediately report orally to the employee's direct-line supervisor all allegations of abuse received by the employee.
- All mandatory reporters shall submit a written report to the Department of Human Services within 48 hours of knowledge of the incident, using form 470-2441, *Suspected Dependent Adult Abuse Report*.

Assuring Individuals' Safety

Resource center written policies and procedures shall assure that:

- All employees, contractors, and volunteers shall be responsible to take immediate action to protect the health and safety of each individual.
- Necessary medical treatment shall be promptly provided.
- All employees, contractors, or volunteers who are alleged to have committed abuse, mistreatment, or neglect shall immediately be removed from direct contact with the individual, pending the outcome of the investigation.

Resource Center Reporting Process

Resource center written policies and procedures shall assure that:

- The failure to report allegations of abuse, mistreatment, or neglect, including the willful failure to report abuse, mistreatment, or neglect shall not be tolerated.
- All critical incidents shall be immediately reported and other incidents shall be promptly reported to the superintendent or the superintendent's designee.
- The superintendent or the superintendent's designee shall report all allegations of sexual abuse to law enforcement within two hours of knowledge of the alleged incident. The policy and procedures for notifying law enforcement authorities, safeguarding evidence, and guidelines for referral to local law enforcement, shall be jointly developed with law enforcement entities.
- When any allegation at any point in the investigation leads to a suspicion of a criminal act being committed, the superintendent or the superintendent's designee shall report the allegation to law enforcement within 48 hours.
- All allegations of abuse shall be reported by phone to the deputy director or the deputy's designee within the following timeframes:
  - The superintendent or the superintendent's designee shall reported alleged critical incidents by phone within two hours of the superintendent learning about the incident.
  - All other incidents that occur between 8:00 a.m. and 4:00 p.m. on a business day shall be reported by 4:30 p.m. on the date of the reported incident.
  - All incidents occurring after 4:00 p.m. and before 8:00 a.m. as well as any incident occurring on holidays or weekend days shall be reported by 10:00 a.m. on the next business day.
- The individual's parent, guardian, legal representative, and family shall be notified of any alleged critical incident by the end of the next business day.

Injuries of Unknown Origin

Resource center written policies and procedures shall assure that:

- The failure to report injuries of unknown origin, including the willful failure to report injuries of unknown origin, shall not be tolerated.
- All injuries of unknown origin shall be investigated.
- If at any time during the investigation it appears that the injury may have been the result of abuse, the injury shall be reported and investigated under the policies governing abuse reporting and investigation.
- The employee shall immediately report all injuries of unknown origin orally to the employee's direct line supervisor and a nurse employee.
- Direct-line supervisors shall immediately report this information to the superintendent or the superintendent's designee.
- A process shall be in place to investigate all injuries of unknown origin. The process shall assure that:
  - A direct-line supervisor or a nursing employee shall begin an investigation of the injury within 24 hours of receiving a report.
  - A report of the investigation shall be made to the qualified mental retardation professional with five business days of the report.
  - The qualified mental retardation professional shall be responsible for developing and implementing any necessary corrective actions.
- Information from the investigations shall be reviewed as part of the Review Committee's process.

Resource Center Investigative Process

Resource center written policies and procedures shall assure that:

- All allegations of abuse, mistreatment, or neglect, shall be investigated regardless of presumed merit.
- Investigations into abuse, mistreatment, or neglect shall be conducted by qualified investigators who:
  - Work and shall be supervised independent of program operations;
  - Shall have successfully completed competency-based training on current professional standards for conducting investigations; and
  - Shall be able to work collaboratively with law enforcement officials when needed.
- The investigation shall be assigned to an investigator and the investigation shall begin no later than within 24 hours of the allegation being made.
- Investigations shall be completed within five business days of the allegation being reported.
- Investigative written reports shall, at a minimum, contain the following:
  - Information to identify the individual allegedly abused; the date, place, and time of the incident, and the date the incident was reported.
  - Each allegation of wrongdoing committed.
  - Determination of the seriousness of any injury.
  - The names of all alleged victims and perpetrators.
  - The names of all employees, volunteers, contractors, and individuals who witnessed the alleged abuse, mistreatment, or neglect.
  - The names of all persons interviewed during the investigation and, for each interviewee, the questions asked and responses given, or if a tape of the interviews is available and maintained, a summary of the questions asked and responses given.
  - All documents reviewed during the investigation.
  - All sources of evidence considered, including previous investigations involving the alleged victims and perpetrators.

- The finding of the investigation and a clear statement as to the reasons for the investigators conclusions.
- Recommendations for any corrective action (other than personnel actions).
- The outcome of the incident, including:
  - Recommend abuse founded/unfounded
  - Recommend injury of unknown origin remains unknown
- The abuse investigation report shall be made using form 470-4366, *Abuse Investigation Report*.

♦ The investigator's supervisor shall review all investigation reports for thoroughness, accuracy, completeness, coherence, and objectivity. Any subsequent corrections or revisions deemed necessary shall be submitted on a timely basis as an addendum.

♦ All allegations of abuse, mistreatment, or neglect shall be reported to the superintendent or the superintendent's designee, the director of quality management, the Department of Inspections and Appeals, and the deputy director.

♦ The individual's parent, guardian, legal representative, or family shall be notified.

♦ All employees involved in the investigative process shall cooperate with the investigators and shall be apprised of the following:

- Any incidents of "witness tampering," such as threats, intimidation, or coercion of employees or individuals involved in the investigation, shall be examined and, if confirmed, shall be regarded and addressed as violence in the work place.
- All statements, both verbal and in writing, shall be presented with truthfulness and made without discussion or collaboration with other persons.
- Employees shall maintain confidentiality at all times during the investigation, including not discussing or disclosing any information pertaining to the investigation except as requested by the investigator.
- Employees knowingly providing false witness or untruthful statements during the course of the investigation shall be subject to disciplinary action as well as civil or criminal charges.

Corrective Actions

Resource center written policies and procedures shall assure that:

- There shall be a process to assign the development and implementation of specific corrective actions plans to address issues identified in all abuse investigations with the purpose of preventing abuse and protecting individual's safety. This process shall assure that:
  - Written corrective action plans shall be developed with five business days of assignment.
  - Corrective actions plans shall identify the tasks, timelines, outcomes to be accomplished, and the employees responsible for implementation.
  - Corrective action plans shall be implemented in a timely manner.
  - The results of corrective action plans shall be documented.
- The superintendent or the superintendent's designee shall approve all corrective action plans and any proposed modification to content or timeline.
- There shall be a monitoring process to assure that all corrective actions shall be developed and implemented as written.

Personnel Practices

Resource center written policies and procedures shall assure that:

- All applicants for employment, reinstatement to employment, regular volunteering, or personal service contracts shall be screened for employment and criminal history, child abuse history, and dependent adult abuse history before beginning employment, volunteering, or contracting.
- Any person seeking employment, including volunteers and contractors, who has a record of founded child or dependent adult abuse or denial of critical care or any conviction based on those offenses shall be denied employment unless:
  - The applicant submits form 470-2310, *Record Check Evaluation*, for screening by the Department, and
  - The Department determines that the applicant is employable.

- Any employee, volunteer, and contractor shall report within 24 hours or the next scheduled working day any allegation of abuse, founding of abuse, or being arrested for, charged with, or conviction of any felony or misdemeanor against the person arising from the person's actions outside the work place.

  Employees shall make the report to the employee's direct-line supervisor. Volunteers or contractors shall report to the volunteer's or contractor's facility contact person.

  When such a report is made, the employee, volunteer, and contractor shall complete form 470-2310, *Record Check Evaluation*, and the resource center shall submit the form for screening by the Department under Iowa Code section 218.13 to determine if the person continues to be employable.

- The resource center shall follow up on any information it receives that indicates that an employee, volunteer, or contractor has not reported any allegation or founding of abuse or arrest, charge, or conviction for any felony or misdemeanor.

- Any employee, contractor, or volunteer who fails to report any allegation of abuse or arrest, charge, or conviction for any felony or misdemeanor against the person arising from the person's actions outside the work place within 24 hours or the next scheduled working day shall be subject to sanctions up to and including, dismissal or termination of contract.

- Any employee, volunteer, or contractor who has been found to have contributed to adult or child abuse, to have committed adult or child abuse, to have been convicted of child or adult abuse, denial of critical care, or to have committed mistreatment shall be subject to sanctions up to and including dismissal or termination of contract.

- All decisions on type and severity of disciplinary actions taken against employees shall be done timely and shall be based on an evaluation of the type and severity of the incident based on the evidence in the incident report, prior personnel actions taken with the employee, and other components of just cause.

- The resource center shall cooperate with law enforcement in the investigation of any charges against employees, volunteers, or contractors.

- An employee shall directly supervise any contractor or volunteer who has not been screened and is working directly with an individual or individuals.

Performance Improvement

Resource center written policies and procedures shall assure that quality management practices are in place to monitor the reporting and investigating of abuse, mistreatment, or neglect allegations; identify systemic issues, actual or potential, needing corrective action; and monitor the completion and implementation of corrective action plans.

Abuse Data Collection and Review

Resource center written policies and procedures shall assure that:

- Data collection on abuse, mistreatment, neglect and injury of unknown origin shall include, at minimum, the following categories:
  - Name of individual
  - Case number
  - Date of incident
  - Date the incident was reported
  - Time of the incident
  - Living unit
  - Location where incident occurred
  - Type of abuse or mistreatment
  - Critical incident
  - Injury of unknown origin
  - Immediate action taken with staff
  - Immediate action taken with individual
  - Names of alleged perpetrators
  - Names of all witnesses
  - Names of other individuals directly or indirectly involved
  - Reported causes of the incident
  - Outcomes of the investigation
    - Abuse founded or unfounded
    - Cause of injury of unknown or origin remains unknown
  - Date facility investigation began
  - Date facility investigation completed

- Corrective actions assigned, including:
  - The person responsible for corrective action completion
  - The date by which the corrective action plan is to be completed
  - The date documentation was submitted evidencing the completion of corrective action
- Final personnel action taken and date
- Date referred to Department of Inspections and Appeals
- Date the Department of Inspections and Appeals declined to investigate
- Date Department of Inspections and Appeals began investigation
- Department of Inspections and Appeals findings

♦ The information required shall be provided in the format defined by the deputy director.

♦ Data gathered from data analysis shall be consistently used for identifying and addressing individual and systemic issues to improve the quality of life for individuals.

♦ Resource center records of the results of every investigation of abuse, mistreatment, and neglect shall be maintained in a manner that permits investigators and other appropriate staff to easily access each investigation involving a particular employee or individual.

♦ The resource center Review Committee shall review data from all investigations to assure that:

- Problems are timely and adequately detected;
- Timely and adequate protections are implemented;
- Timely and appropriate corrective actions are implemented; and
- Root causes are identified, when possible, that lead to corrective action.

Reporting Requirements for Abuse Data

Resource center written policies and procedures shall assure that:

♦ The monthly reporting process of abuse allegations, unknown injuries, and investigative findings to the facility quality council shall be defined.

♦ The data collected shall be available for analysis by each data element collected.

- The resource center shall provide to the Deputy Director's Office:
  - A monthly summary report on the individual abuse, mistreatment, and unknown injury reports,
  - A quarterly summary of the analysis identifying systemic issues, and
  - A quarterly summary of how the data analysis was used to address systemic issues and improve the quality of life of individuals.

Employee Training and Education on Abuse

Resource center written policies and procedures shall assure that:

- All newly hired employees, and contractors, shall receive competency-based training, before having contact with individuals receiving services, on the following abuse, mistreatment, or neglect related topics:
  - Individuals' rights.
  - The resource center's philosophy, policy, and practice that abuse, mistreatment, or neglect is prohibited.
  - The federal and state laws governing abuse including the penalties associated with failure to report or being founded having committed child or dependent adult abuse.
  - Reporting requirements, including requirements for mandatory reporters.
  - Recognizing and addressing potential precursors to abuse, mistreatment, or neglect.
  - Methods for deescalating activities that could lead to abuse, mistreatment, or neglect.
- Recognizing the signs and symptoms of abuse, mistreatment, or neglect in a facility including:
  - Pattern of injuries;
  - Size, shape and location of injuries; and
  - Emotional, social, and behavioral changes of abused, mistreated, or neglected individuals.

- All employees shall receive annual abuse, mistreatment, or neglect awareness training. Annual training sessions may be an abbreviated version of the comprehensive curricula, however, all employees must demonstrate competency on all abuse, mistreatment, and neglect related topics.
- Additional training shall be provided as necessary.
- All mandatory reporters shall:
  - Have had initial mandatory training;
  - Receive the required retraining every five years thereafter;
  - Understand the criminal and civil penalties for not reporting; and
  - Sign a statement evidencing the recognition of the employee's responsibility, which is kept in the mandatory reporter's personnel file.
- All employees shall receive training on the reporting and investigation of injuries of unknown origin.
- All staff training and education shall be regularly documented for each employee in a manner that permits the information to be available individually and in aggregate form.
- Education curriculum shall be updated regularly to reflect current professional standards on the subject.
- Parents, guardians, legal representatives, family, and of individuals, shall be provided with information on identifying and reporting abuse, mistreatment, or neglect and are encouraged to report incidents they believe to be abuse, mistreatment, or neglect.
- Volunteers shall be provided with information on identifying and reporting abuse, mistreatment, or neglect and are encouraged to report incidents they believe to be abuse, mistreatment, or neglect.

POLICY ON INDIVIDUAL SUPPORT PLANS

It is the policy of the Department of Human Services that each individual residing at a resource center shall have treatment, training and education based, to the extent possible, on the strengths, needs and desires of the individual.

The individual support plan is the fundamental document detailing the self-identified goals and aspirations of an individual and the various supports the individual needs to reach those goals. Resource center policies and procedures shall be written and implemented to ensure that individual support plans are person-centered, person-driven, and built upon the principles set forth below.

Support Plan Principles

The resource center written policies and procedures shall assure that:

- Each individual has the right to lead and direct the individual's life to the best of their ability;
- The facility has the responsibility to teach and train individuals to lead and direct their lives to the best of their abilities;
- True personal development occurs when individuals lead their lifestyle planning to the best of their abilities, tailoring their life activities around their strengths, interests and personal goals;
- All individuals grow and develop best in a strength-based environment that:
  - Is driven by recognized strengths and abilities as opposed to recognized deficits;
  - Fully utilizes and builds upon those strengths and abilities to meet personal goals and needs;
  - Emphasizes and encourages learning and responsibility;
  - Recognizes, in an on-going fashion, one's efforts as well as one's progress;
  - Provides supports that meet the individual's preferences and learning style.
- An individual's well being is a bio-psycho-social condition and cannot be disjointed or compartmentalized.

Plan Definitions

"Active treatment" means continuous training to assist individuals acquire their maximal independence through formal and informal activities enhancing their optimal physical, emotional, social, intellectual, and vocational levels of development and functioning.

"Behavior support plan" or **"BSP"** means a component of the individual support plan that is a comprehensive, individualized plan outlining behavioral issues impacting a person's life and interventions for addressing those behaviors.

"Community integration" means the process of including persons with disabilities in the environments, activities, and social networks of typical persons. This term is also used interchangeably with "inclusion."

"Comprehensive functional assessment" or **"CFA"** means a set of evaluations identifying an individual's strengths and preferences; functional and adaptive skill levels; disabilities and possible causes; and needs.

"Individual education plan" or **"IEP"** means the primary document outlining an individual's educational needs and the services and supports required for the individual to receive a free appropriate public education in the least restrictive environment.

Individual Support Plans Required

The resource center written policies and procedures shall assure that each individual residing at a resource center shall have a current individual support plan. "Current" is defined as:

- Within 30 days of admission or readmission to the resource center, and
- Within each 365 consecutive days annually thereafter.

Comprehensive Functional Assessment

The resource center written policies and procedures shall assure that:

- Within 30 days before the development or the original individual support plan, a comprehensive functional assessment shall be completed that accurately addresses the individual's:
  - Strengths, preferences and positive attributes,
  - Disabilities and diagnoses, and
  - Functional abilities and needs.
- The assessment shall be updated with each subsequent annual plan update.

Individual Support Plan Development

Resource center written policies and procedures shall assure that each individual support plan shall be:

- Person-centered, reflecting the individual's preferences, strengths and desires;
- Developed based on comprehensive assessments, consistent with current, generally accepted professional standards;
- Written and implemented to assist individuals in gaining and exercising self-determination and independence to the greatest degree possible;
- Developed with full participation by the individual and the individual's parent, guardian or legal representative, as applicable, and all interdisciplinary team members; and
- Fully reflect the desired lifestyle of the individual.

Plan Coordination

Resource center written policies and procedures shall assure that the development of an individual's individual support plan shall incorporate and coordinate all the other support plans developed for an individual including:

- The behavior support plan,
- The risk management plan,
- The individual education plan, and
- All clinical care plans.

Individual Training Program

Resource center written policies and procedures shall assure that each individual support plan shall contain a comprehensive training program, which shall include:

- Opportunities for choice and self-management.
- Formal training goals identified by priority, including specific and measurable objectives, based on the comprehensive functional assessment, barriers to community living, and the individual's wishes, and outlining:
  - Single behavioral outcomes;
  - Methods and schedule for implementation;
  - Documentation requirements;
  - Type and frequency of data collection; and
  - Monitoring requirements, including persons responsible.
- Independent living skills development including, for individuals lacking them, training in personal skills, including:
  - Toileting;
  - Personal hygiene;
  - Dental hygiene;
  - Self-feeding;
  - Bathing;
  - Dressing;
  - Grooming; and
  - Communication of basic needs.

Program Review and Modification

Resource center written policies and procedures shall assure that:

- Each program shall be reviewed at least monthly and more often as indicated by an individual's needs, by:
  - The treatment program manager or qualified mental retardation professional, and
  - The interdisciplinary team member assigned to review the individual's progress on the specific training program.
- Program reviews shall be documented in the individual's record and minimally include:
  - A review and analysis of the program data;
  - A summary of the individual's progress;
  - A statement reflecting the program's efficacy and what, if any, modifications are needed to better address the individual's goals and needs.
- When a lack of expected progress or a significant change in the individual's status has occurred, the interdisciplinary team shall meet to determine if the individual support plan needs to be modified, and shall modify the individual support plan as appropriate.

Plan Performance Improvement

Resource center written policies and procedures shall assure that quality management practices are in place to monitor the quality of individual support plans, individually and collectively.

Individual Support Plans

Resource center written policies and procedures shall assure that:

- Individual support plans shall be developed based on current professional standards of practice, as evidenced by:
  - Language or content that is written in a user-friendly format and easily understandable to those responsible for implementation,
  - Thorough and complete components for the comprehensive functional assessments, behavior support plans, risk management plans, individual education plans, clinical care plans, and

- Present and complete implementation standards, i.e., identified training needs, documentation requirements, assessments, etc.

♦ Individual support plans shall be monitored based on current professional standards of practice, as evidenced by:

- Data that is collected as prescribed,
- Evidence of interdisciplinary team members completing observations and record reviews, and
- Goals that are updated when criteria have been met or when a lack of progress or a consistent decrease is noted.

Data Collection and Review on Support Plans

Resource center written policies and procedures shall assure that:

♦ Each individual's progress towards independence shall be assessed at least monthly.

♦ Progress shall be based on the individual's ability to meet the specific objectives outlined in the individual support plan.

♦ The resource center shall document significant events that are related to the individual's program plan and assessments and that contribute to an overall understanding of the individual's ongoing level and quality of functioning.

Employee Training and Education on Support Plans

Resource center written policies and procedures shall assure that:

♦ One person is designated who shall:

- Ensure that appropriate training and technical assistance shall be provided to teams responsible for the development and implementation of individual support plans; and
- Provide quality management oversight for the revised individual planning process.

♦ All staff responsible for the implementation of training programs shall receive competency-based trained on such programs before implementing the program.

- All newly hired employees shall receive competency-based training on the following individual support plan principles:
  - Person-centered planning,
  - Continuous active treatment,
  - Integrated program planning and implementation, and
  - Bio-psycho-social approach in all support services.
- All newly hired employees shall receive competency-based training on the following topics related to individual support plans:
  - Philosophy and purpose
  - Regulatory requirements
  - Assessments
  - Developing, implementing, and documentation related to the individual support plan
- All employees shall receive annual competency-based training on the individual support plan components identified above. Annual training sessions may be an abbreviated version of the comprehensive curricula, however, all employees must demonstrate competency on all topics.
- Staff training and education shall be completed in a timely fashion and be documented in each staff member's training record.
- All staff responsible for implementing individual support plans shall receive competency-based training on the implementation of each individual's program plan.

POLICY ON RISK MANAGEMENT

Each resource center shall effectively assess and address each individual's risk factors. Policies and structured processes shall be maintained to assist employees in quickly identifying the individual's risk factors and promptly take action to address those risks. Clinical and professional specialties shall collaborate to providing optimal care and support.

Policies and procedures shall give attention to the broad, and often diverse, risk issues affecting an individual's quality of life and address the complex medical issues which can lead to an increased risk for physical or emotional harm.

Risk Management Principles

Resource center written policies and procedures shall assure that:

- An understanding and commitment to integrated team planning shall be developed.
- A clear understanding of the multidimensional nature of risk and its impact on an individual's quality of life shall be developed.
- An environment of learning where each team member, including direct-line employees, are free and encouraged to participate, question and gain knowledge from one another shall be developed.
- A commitment to prevention, including educating individuals on their risk factors and how to manage their risks to the best of their abilities shall be developed.
- An understanding of the "dignity of risk" and its significance to an individual's self-determination shall be developed.

Risk Definitions

"Dignity of risk" means the concept that individuals, having the right to self-determination, also have the right to expose themselves to experiences which, while posing some risk, open doors to learning and growth that would have remained closed had the risk not been taken.

"Facility risk data profile" means the aggregate data collected on the type of risks experienced by individuals who reside at a resource center which is used for identifying trends, patterns, quality management and performance improvement.

"Risk" means an actual or likely condition, injury, or predisposition posing the possibility of danger or loss to an individual.

"Risk management plan" means an individualized interdisciplinary plan that addresses an individual's identified risks and is incorporated into the individual's individual support plan.

"Risk status" means the level of risk severity to the individual.

Risk Screening

Resource center written policies and procedures shall assure that each individual shall be screened for the risk factors identified below before the development of the individual's initial individual support plan and no less than annually thereafter.

Resource center risk factors include:

- 2 or more falls in a calendar month
- 3 or more psychotropic medications
- A/C & psychotropic medications
- Aggressor
- Alternative communication
- Aspiration pneumonia
- Colostomy
- Decubiti
- Diabetes
- Dysphagia
- Enteral tube
- Fractures
- GERD
- Hearing impairment
- Increased seizure activity
- Non-ambulatory
- Obesity
- Osteoporosis diagnosis
- Pica
- Seizure diagnosis
- Self-injurious behavior
- Sexual aggressor
- Tracheotomy
- Underweight
- Unplanned weight change
- Upper airway obstruction
- Ventilator dependency
- Victimized
- Visually impairment

The risk screening shall be:

- Person-centered, with presence and participation by the individual and or the individual's parent, guardian, or legal representative when possible.
- Interdisciplinary, to ensure that:
  - Causal issues are appropriately identified,
  - The bio-psycho-social effects of the risks are identified, and
  - Co-morbidities are identified and considered during the screening.

Risk Assessment

Resource center written policies and procedures shall assure that within five business days of the screening process revealing a risk factor or within five business days of an individual having a change of status (new risk identified or change in current risk status), the following shall be completed:

- A comprehensive assessment by qualified team members to examine:
  - Causal issues and the pervasive nature of the risk, including co-morbidities caused or affected by the risk factor;
  - The impact each risk factor has on the daily living of the individual;
  - The goals or desired outcomes of treatment and support; and
  - The supports required to actualize those goals or desired outcomes.
- An integrated team dialogue between all appropriate disciplines (absence only by exception). The attendance and participation of a direct support employee familiar with the individual and the individual's daily lifestyle shall be required. This dialogue shall include:
  - A review of the assessment and the impact the risk factor has on the individual's quality of life;
  - The goals or desired outcomes of treatment and support;
  - The supports required to actualize those goals and desired outcomes;
  - Ways to provide the supports with special emphasis given to:
    - The individual's strengths, preferences and lifestyle; and
    - The most integrated and naturalized fashion to provide supports, including opportunities to integrate the provision of supports with the individual's goals or objectives.
- Documentation of the team's discussion, outcomes, and planned course of action placed in the individual's resource center record.

Risk Management Plan

Resource center written policies and procedures shall assure that if supports are identified as necessary to address the risks shall be incorporated into the individual support plan within 30 days of the interdisciplinary assessment, or sooner when indicated by risk status. At minimum, the individual support plan shall include:

- The dates of the assessment, team meeting and plan.
- The authors of the plan.
- A brief summary of each identified risk and its impact the individual's health, safety, self-determination and lifestyle.
- The risk of harm if the support is not properly implemented.
- The goals and desired outcomes of each support.
- Specific and measurable objectives easily understood by all employees.
- Preventative actions or steps to be taken by employees responsible for implementation.
- Specific triggers, symptoms or identified precursors to alert employees that the individual may be at immediate risk.
- Notification guidelines including what changes in the individual's condition shall require that a nurse, doctor, or other team be notified.
- Implementation guidelines including employees responsible and documentation requirements.
- Monitoring schedule including persons responsible, frequency and documentation standards.
- Training requirements including persons to be trained, persons responsible for conducting training sessions and documentation requirements.

Risk Review

Resource center written policies and procedures shall assure that the individual support plans of individuals identified with a risk factor shall be reviewed at least monthly and more often if indicated by the individual's risk severity or status change. The review shall include the following:

- Observations of employees implementation of the plan, where appropriate, to ensure appropriateness and assess the plan's efficacy;
- Discussions with the individual and employees, routinely implementing the plan, to determine if any changes or modifications to the plan are recommended;
- Review of progress notes for the previous 30 days to determine if any unreported changes or symptomatology occurred, following up with employees as indicated;
- Review of the documentation and data collection specified by the plan to determine progress, changes, trends, etc.; and
- Documented summary, based on the review components identified above, of:
  - The individual's progress during the previous 30 days, present risk status, and current needs;
  - Changes to the individual support plan supports, if any, and rationale for the changes; and
  - Planned course of action for next 30 days and projected date for the next review.

Risk Performance Improvement

Resource center written policies and procedures shall assure that quality management and performance improvement efforts shall include specific focus on the goal to limit the impact the risks has on the individual's health and safety.

In concert with this policy's annual review, established criterion will be reviewed to ensure their adherence to current professional standards. Resource centers shall work collaboratively with the Office of Quality Management in the Division of Field Operations to determine what, if any, changes, modifications, or additions need to be made.

Risk Data Collection and Review

Resource center written policies and procedures shall assure that:

- Supervisors shall routinely review and monitor documentation by employees implementing risk support plans to ensure:
  - Timely completion of documentation requirements, and
  - Notification requirements for changes of status are followed when indicated.
- Individual and aggregate risk management data shall be maintained and furnished to designated persons, departments, etc.
- Data shall be reviewed, both individually and aggregately, to identify trends, patterns, or other issues related to risk issues.
- The facility risk data profile shall be maintained with current monthly data and reviewed by the interdisciplinary teams and the Quality Council.

Risk Criterion Review

Resource center written policies and procedures shall assure that the risk factors identified under Risk Screening are reviewed annually along with the established criteria, to:

- Ensure their adherence to current professional standards and to
- Determine what, if any, modifications or additions need to be made.

The review shall be done in collaboration with the Office of Quality Management and the deputy director.

Employee Training and Education on Risk Management

Each resource center shall create and maintain a learning environment that supports on-going education initiatives. Specifically, resource center policies and procedures shall be written and implemented to assure that:

- All newly hired employees shall receive competency-based training on the following:
  - Person centered philosophy,
  - Identified risk factors,
  - Bio-psycho-social treatment approach,
  - Dignity of risk,
  - Quality of care,
  - Clinical indicators and performance measures,
  - Risk management plans, and
  - Their roles and responsibilities in identifying, assessing, and addressing individuals' risk issues.
- All employees shall receive annual training on the areas identified above. Annual training sessions may be an abbreviated version of the initial curricula. However, all employees must demonstrate competency on all risk related topics.
- Employee training and education shall be documented in each employee's training record and in aggregate form.
- The above training curriculum shall be updated to reflect current professional standards on the subject.
- Employee training shall be implemented in a timely manner.

POLICY ON CLINICAL CARE

Each resource center shall provide the highest quality clinical care possible. Clinicians shall understand served individuals' needs, be knowledgeable of best practices to meet those needs, and collaborate with other professionals to design and implement services around the lifestyle of the person.

Clinical Care Principles

Resource center written policies and procedures shall assure that all clinical care is:

- Consistent with current professional and clinical standards of practice.
- Person-centered, including but not limited to, services being:
  - Designed by, or with full participation by, the individual and the guardian, parent or legal representative,
  - Individualized to the specific needs and values of the individual,
  - Functionally and clinically integrated within the lifestyle planning of the individual, and
  - Responsive to the individuals' changing needs and conditions.
- Designed and monitored by competently trained professionals licensed in good standing with their respective licensing body.
- Implemented by competently trained employees capable of adapting care to a variety of settings.
- Both preventive and responsive in its diagnosis, treatment and intervention.
- Holistic, with full recognition of the bio-psycho-social aspects of individuals' lives and the multidimensional nature of "quality."
- Routinely monitored, modified and updated to ensure individuals receive timely care and services.
- Measured and analyzed at a variety of organizational levels.

Clinical Care Definitions

"Evidence-based practice" means the integration of best research evidence with clinical expertise and patient values.

"Performance measure" means a type of indicator assessing a particular process determined to affect quality of care or compliance.

Treatment Services

Resource center written policies and procedures shall assure that an individual's clinical treatment services shall:

- Be designed around the bio-psycho-social needs of the individual as determined by the interdisciplinary team, led by the individual whenever possible, and by timely assessments completed in a routine and responsive fashion, as indicated by modifications due to:
  - A change in an individual's lifestyle plan;
  - Changes in an individual's bio-psycho-social status; or
  - Lack of progress under the current clinical care plan.
- Be individualized to the degree that relevant baseline data is easily obtainable to determine:
  - Parameters in which status change is deemed acceptable, and
  - Signs, symptoms, status changes, or thresholds for action, requiring notification of the appropriate clinical team members.
- Be provided in accordance with current professional standards of practice as documented by:
  - Evidence-based practices in the acceptable fields of study,
  - Current clinical and professional knowledge as supported by research and education, and
  - Clinical judgment based upon current professional knowledge and the individual's individualized needs as identified through integrated assessments and review.

- ♦ Be measurable, with clearly identified indicators by which treatment efficacy can be determined.
- ♦ Be responsive to the changes noted in the individual's health care status, including:
  - Implementing individualized risk support plans for present risk, and
  - Timely development and implementation of supports for newly identified risks in accordance with the policy on risk management.
- ♦ Be monitored, supervised, and managed through:
  - Clinical supervision and leadership,
  - Internal and external peer review, and
  - Monthly program reviews that are documented in the individual's record and contain:
    - A summary of individual's status, including progression, regression, or lack of progress,
    - The status of the individual's ability to meet the objectives of the plan, and
    - Action to be taken or changes to be made based on the individual's status, change in priorities, or recommendations made by outside consultants in response to face-to-face consultations held with the individual.

Care Performance Improvement

Resource center written policy shall assure that quality of clinical care is measured through clinical indicators and performance measures consistent with current professional standards and guidelines. Each resource center shall ensure that clinical care and allied health services are consistent with current professional knowledge, both in care planning and service delivery.

At minimum, the resource center policy and procedures shall assure that:

- ♦ Each specialty area shall be maintain easily retrievable information on currently accepted standards of practice and clinical indicators related to their discipline;

- Each specialty area shall develop and maintain internal quality improvement initiatives based on the principles of quality management and clinical care, including:
  - Regularly scheduled peer reviews or case studies in accordance with the deputy director's policy,
  - Regularly scheduled departmental team meetings to foster open communication, cohesiveness and cross-educational opportunities,
  - Ongoing review of clinical processes to determine efficiency, relevancy, and opportunities for streamlining and/or improvement, and
  - Ongoing research in the field, via journals, Internet, etc., to ensure programming is consistent with currently accepted standards of practice.
- The resources necessary to implement the Department's policies shall be allocated, secured, and maintained to provide optimal clinical care.

Data Collection on Clinical Care

Resource center written policies and procedures shall assure that:

- Each profession required to do peer review shall develop appropriate quality indicators for quality improvement purposes in their area and these indicators shall be identified in the Quality Indicator Report.
- All quality indicators shall be reviewed no less than annually to ensure their applicability and relevancy to clinical care.
- Recommendations for change or expansion shall be made to the director of quality management.
- Data collected shall be reviewed and analyzed no less than monthly with the findings reported at the quality council meeting.
- The Office of Quality Management and Office of the Deputy Director shall work with resource center employees to assess required changes, updates, or removal of data sets.

Employee Training and Education on Clinical Care

Quality is affected by knowledge, and knowledge is fluid, continued learning and education are fundamental to sound clinical practice. Each resource center shall create and maintain a learning environment that supports on-going education initiatives.

Resource center policies and procedures shall assure that:

- All newly hired employees who will be providing direct services or supports to individuals shall receive competency-based training on the fundamental aspects of clinical care, including:
  - Person-centered healthcare services,
  - The bio-psycho-social treatment approach, and
  - The importance of integrated clinical care.
- All clinical employees shall receive annual competency-based refresher training on clinical care.
- All professional employees involved in clinical care processes, and their supervisors, shall receive initial and annual competency-based training on:
  - The bio-psycho-social treatment approach, and
  - Integrated healthcare, including:
    - Effective communication with direct support employees and other clinical professionals, and
    - Ongoing collaboration with other team members to assure that each individual's needs are met.
- Clinical employees shall have opportunities, resources, and allotted time for professional development and education required to perform their duties as assigned.
- Clinical employees, in collaboration with the resource center training department, shall identify specialty training courses and conferences addressing best practices.
- Employee training and education shall be documented in each employee's training record.

- The training curriculum shall be updated to reflect current professional standards on the subject.
- Employee training shall be implemented in a timely manner.

POLICY ON TRANSITION AND DISCHARGE

Each resource center shall encourage and assist individuals admitted to and residing at a Resource center to move to the most integrated setting consistent with the individual's professionally identified needs and individual choice.

All discharges of individuals from a resource center shall be based on a discharge plan developed by the individual's interdisciplinary team as part of the individual support plan. The plan shall:

- Be developed with the individual and the individual's parent, guardian, legal representative, or family, and
- Identify the barriers to discharge and the strategies that shall be implemented to enable the person to move to the most integrated setting.

Each resource center shall actively encourage individuals and their parents, guardians, family, or legal representative to consider community options and work toward moving to the community when the move can reasonably be accommodated, taking into consideration the statutory authority of the state, the resources available to the state, and the needs of others with mental disabilities.

Transition Principles

Resource center written policies and procedures shall assure that:

- Discharge planning shall begin with admission and is a part each individual's ongoing individual support plan.
- The assigned county case manager shall be encouraged to participate as a member of the individual's interdisciplinary team.
- The individual support plan shall identify the supports and protections that need to be provided to assure safety and adequate habilitation in the most appropriate integrated setting.

- The individual and the individual's parent, guardian, or legal representative shall be meaningfully involved in the planning leading to discharge and any concerns are addressed.
- The individual's living preferences shall be given preference with attention to supports necessary for health and safety.
- The individual's barriers to successful discharge shall be clearly identified.
- The individual support plan shall identify the strategies to be implemented to address the barriers.
- The individual's plan shall be updated as appropriate but no less than annually.
- As identified barriers change, appropriate strategies shall change.
- When a specific placement is identified:
  - A transition plan shall be developed and implemented;
  - The provider of any new service shall be included in the planning;
  - The entities responsible for funding the individual's services and supports shall be given notice and asked to assist in implementing the transition plan;
  - Other essential local staff, i.e. case managers, shall be involved in planning; and
  - Appropriate consents shall be in place.
- A transition plan shall be developed and implemented to assure that the essential supports called for in the individual's latest comprehensive assessment are put into place.
- A crisis plan shall be developed in case an emergency arises with the discharge.
- An individual voluntarily placed at a resource center shall be able to exercise the right to move without a plan, with written consent of the individual or the individual's guardian.

Transition Definitions

"Discharge" means another provider has accepted responsibility for providing services and supports to an individual and the resource center no longer has legal responsibility for proving direct services to the individual.

"Entities responsible for funding" means the individual's county of legal settlement or the Iowa Department of Human Services.

"Discharge plan" means the plan developed for an individual that identifies the major barriers to discharge and the strategies that will be developed and implemented to overcome the barriers to enable the individual to move to the most integrated setting appropriate to the individual's needs.

"Essential supports" means the medical, mobility, nutritional, and behavioral supports that are essential to an individual's health and safety. Absence of an essential support would immediately negatively compromise the individual's health, safety, or behavior. Essential supports are to be in place before an individual is placed.

"Nonessential supports" means those supports that are a necessary part of a complete individual support plan for an individual but their short-term absence is not an immediate threat to the individual's health or safety. Nonessential supports are to be in place no later than 60 days after the individual is placed.

"Transition plan" means the plan developed when an appropriate discharge setting has been identified for an individual that specifies the actions needed to be taken by the resource center to accomplish the discharge and assure success. The plan:

- Identifies the appropriate local county, Department, and provider staff who will be involved in implementation of the plan; and
- Specifies the required resource center actions and the staff and timelines for completion of the required actions.

Discharge Notification

Resource center written policies and procedures shall assure that at the time of admission, the individual and the individual's parent, guardian, or legal representative shall be notified:

- Of the individual's rights for discharge.
- That discharge and transition plans will be developed with the goal of placing the individual to the most integrated setting appropriate to the individual's needs.
- Of the right to participate in the planning and to approve or disapprove any discharge or transition plan.

Discharge Planning

Resource center written policies and procedures shall assure that:

- Discharge planning shall be a part of the initial individual support plan for each individual and is updated on a regular basis at the time of each individual's annual individual support plan review or more frequently as needs change.
- The discharge plan shall identify:
  - The barriers that exist for the individual that would make it difficult for the individual to move to the most integrated setting; and
  - The strategies to be implemented to overcome the barriers.
- The individual's local case manager, when assigned, shall be invited and encouraged to participate in the individual's discharge planning.
- Any concerns the individual or the individual's parent, guardian, or legal representative has regarding discharge or transition shall be identified and, if possible, resolved on a timely basis.

Transition Plan

Resource center written policies and procedures shall assure that, when an individual is accepted for and agrees to service in a new setting:

- The individual's comprehensive assessment and proposed supports shall be reviewed with the individual and the individual's parent, guardian, or legal representative to facilitate their decision.
- A transition plan shall be developed for the individual that includes:
  - Identification of the individual's essential supports that the new provider shall have in place before the discharge can occur; and
  - Identification of the individual's non-essential supports the new provider shall have in place within 60 days of the discharge.
- Informed consent for the transition from the individual and the individual's parent, guardian, or legal representative shall be in place.
- In the case of a committed individual, notice of the proposed transition shall be sent to the appropriate court.
- Notice of the proposed transition shall be given to the entities responsible for funding the individual's care.
- Notice shall be given to all local county or Department employees who have some responsibility for services to the individual.
- The individual's comprehensive assessment and individual support plan shall be updated within 30 days before the individual leaves the facility.
- An agreement shall be signed between the resource center and the agency to whom transition is being made, that:
  - Identifies the essential supports the agency shall have in place before the discharge is made,
  - Identifies the non-essential supports the agency shall have in place within 60 days of discharge and the time frame for their implementation,
  - Requires the agency, when not all non-essential supports are in place within 60 days of placement, to develop a plan to have all non-essential supports in place within 90 days of placement,

- Identifies the follow-up services the resource center shall provide during the postplacement oversight period, and
- Identifies the resource center employee who shall be the contact person in case of an emergency with the placement.

♦ The transition plan shall identify:

- The actions needed to notify the appropriate funding agencies, and other appropriate local staff, of the discharge, and to request approve of and assistance in implementing the discharge.
- The employees who shall be responsible to complete the specific actions necessary to implement the discharge and specify the time limits for completion.

Discharge

Resource center written policies and procedures shall assure that an individual who has been placed at the resource center on voluntary basis shall be discharged upon the requests of the individual or the individual's parent, guardian, or legal representative when the request is made in accordance with Iowa Code section 222.15.

The individual shall be discharged from the rolls of the resource center 60 days after an individual is placed with another provider.

Exceptions: Resource center written policies and procedures shall assure that:

♦ The supports in the transition plan shall be modified when requested in writing by the individual or the individual's parent, guardian, or legal representative.

♦ Discharges shall be extended past 60 days only with the prior approval of the deputy director.

♦ Transition plans shall be extended beyond 90 days only with the prior approval of the deputy director.

Post-Transition Oversight

Resource center written policies and procedures shall assure that:

- The individual's placement shall be safe and appropriate.
- The employees who shall be responsible for monitoring the placement, the actions the employees shall take to monitor, and the period for monitoring the actions are identified.
- The essential supports shall continue in place.
- Nonessential supports shall be put in place according to the most current comprehensive assessment.
- Problems occurring with the discharge shall be identified and needed corrective actions implemented.
- At the end of 60 days, oversight shall be terminated, unless all the non-essential supports are not in place, in which case a plan shall be developed to fully implement the supports within 30 days:
- At the end of 90 days, all oversight activities by the resource center shall be terminated.

Discharge Performance Improvement

Resource center written policies and procedures shall assure that quality management practices are in place to monitor the implementation of the discharge and transition procedures to identify systemic issues, actual or potential, needing corrective action, and monitor the completion and implementation of corrective action plans.

Discharge Data Collection and Review

Resource center policy and procedures shall assure that:

- Data collection shall include, at minimum, the following categories:
  - Name of individual,
  - Identifying information (age, sex, functioning level, etc.),
  - Discharged with/without transition plan,
  - Category of type of placement at discharge (home, ICF/MR, waiver, etc.),
  - Date of discharge,
  - Date of admission,
  - Length of time to complete transition plan:
    - Number of plans completed in 60 days,
    - Number of plans completed in over 60 days,
  - Reasons for failure of the transition plan, and
  - Essential supports required.
- Documentation of transition plans shall be maintained, including:
  - Individual actions required to implement plan, and
  - Length of time required to accomplish individual actions.
- Data gathered from data analysis shall be consistently used for identifying and addressing individual and systemic issues to improve the discharge process.
- The data on discharges and transitions shall be provided to the Quality Assurance Council for their review to assure that:
  - Problems are timely and adequately detected;
  - Timely and appropriate corrective actions are implemented; and
  - Root causes are identified that lead to corrective action.
- Information shall be collected, aggregated, and analyzed on the existing barriers to movement of individual's to the community.

Reporting Requirements for Discharge Data

Resource center written policies and procedures shall assure that the Deputy Director's Office is provided:

- A monthly summary report on individuals placed during the month;
- A monthly summary report on the individuals in transition oversight; and
- An annual comprehensive report and assessment of the barriers that exist to discharging individuals into more integrated settings.

Employee Training and Education on Discharge

Resource center written policies and procedures shall assure that:

- All current and new employees who participate in the development of an individual support plan shall successfully complete competency-based training on the development of individual support plans, including policies and procedures on the development and implementation of individual support plans.
- All employees who participate in the discharge planning process shall be trained in the Department and resource center policies regarding discharge, transitioning, and monitoring.
- All employees who participate in development of an individual support plan shall be trained in the identification of barriers to integrated living and the development of strategies to overcome the barriers.
- All employees shall understand, encourage, and assist in implementing the Department and resource center policy of moving individuals to the most integrated setting consistent with the individual's needs.
- All employees who participate in the development of an individual support plan and in the transition and discharge planning process shall receive refresher training at least every 12 months.
- Each employee's training record shall contain evidence of completion of required training.

POLICY ON PEER REVIEW

Each resource center shall continuously seek to improve the quality of services to the individual's served. The quality management principles listed below using current standards of practice in the healthcare community shall be used to implement peer reviews and integrated care reviews with the goal of improving the quality of care given at the resource center.

To ensure quality care is maintained and continuously improved, professional accountability and clinical judgment shall be evaluated against practice standards established by each professional specialty.

Peer Review Principles

Resource center written policies and procedures shall assure that peer review processes shall be guided by the following principles:

- Responsible healthcare requires an integrated approach to quality, which is transparently measured against currently accepted standards of practices.
- Peer review is a quality improvement initiative driven by the desire to improve services and outcomes for individuals who live at the resource centers.
- Peer review is most successful when implemented in a culture of learning, free from blame.
- Professional development occurs most readily in a strength-based environment that:
  - Is driven by recognized strengths and abilities of the individuals served as opposed to recognized deficits;
  - Fully utilizes and builds upon those strengths and abilities to meet personal and organizational goals, and
  - Emphasizes and encourages learning and responsibility.
- Properly implemented, peer review processes will result in integration and multidisciplinary learning through team building.

Review Definitions

"Internal review" means a review conducted by the employees of the resource center.

"External review" means a review conducted by persons from outside the resource center who represent the specialties required to be reviewed.

"Specialty peer review" means professional or clinical assessments of care conducted by like professionals for the purposes of improving client outcomes.

Peer Review Required

Resource center written policies and procedures shall assure that the following professional specialties shall conduct specialty peer reviews:

- Dentistry
- Dietary
- Medicine
- Neurology
- Neuropsychiatry
- Nursing
- Occupational therapy
- Physical therapy
- Psychiatry
- Psychology
- Speech and language pathology

Review Schedule

Resource center written policies and procedures shall assure that the deputy director shall approve all peer review schedules.

Review Performance Improvement

Resource center written policies and procedures shall assure that quality management practices are in place to:

- Monitor the implementation of peer review;
- Identify systemic issues, actual or potential, needed corrective action; and
- Monitor the completion and implementation of corrective action plans.

Data Collection and Review

Resource center written policies and procedures shall assure that:

- Reviews shall be documented in a standardized format.
- Review data shall be tracked and reviewed by the Quality Council.
- Review data shall be electronically maintained by:
  - Specialty area
  - Date and type of review (internal or external)
  - Participants' names and titles
  - Review content, including:
    - Focus of meeting, e.g., individual cases, system, process, etc.
    - Standards of practice applied
    - Findings and outcomes
    - Issues identified
    - Type of issue identified (individual, systemic, procedural, etc.)
    - Corrective action plans developed when indicated, including responsible persons and the date by which such actions shall be completed
- Each specialty required to do peer review shall provide a brief presentation to the Quality Council at least annually, describing:
  - What changes have occurred in assessment and treatment;
  - Quality or performance improvement initiatives implemented;
  - Changes in outcome and performance measure data;
  - Lessons learned; and
  - Actions planned (including corrective actions and improvement plans).

Staff Training and Education on Peer Review

Each resource center will create and maintain a learning environment that supports on-going education initiatives. Specifically, resource center policies and procedures shall be written and implemented to assure that:

- All newly hired employees who will be providing direct services or supports to individuals shall receive basic training on the purposes of peer review and the benefit of this practice to the individuals residing at a resource center.
- All professional employees involved in peer review processes and their supervisors shall receive initial and annual competency-based training on:
  - The principles and benefits of peer review,
  - Procedural guidelines in conducting internal and external peer reviews, and
  - Current approaches and advancements in peer review practices in the healthcare setting.
- All employees who provide clinical services in specialties listed in this policy shall receive annual competency-based refresher training on peer review practices.
- Staff training and education shall be documented in each employee's training record.
- Employee training shall be implemented in a timely manner.
- Clinical employees shall have opportunities, resources and allotted time for professional development and education required to perform their duties as assigned.
- Peer review competency-based training curriculum shall be updated to reflect current professional standards for peer review.

POLICY ON QUALITY MANAGEMENT

It is the policy of the Department of Human Services that each resource center shall continuously improve the quality of services it provides.

Continuous improvement is best achieved when leadership is committed to excellence, there are established performance expectations, and there is a formal quality management system.

"Quality Management" is a planned, systematic, organization-wide approach to the monitoring, analysis, and improvement of organization performance, thereby continuously improving the quality of patient care and services provided and the likelihood of desired patient outcomes. (Source: JB Quality Solutions, Inc., The Healthcare Quality Handbook 2005)

A quality management system is focused on improving all services, systems, and processes within an organization. It is an approach to health care that involves each person in the organization, recognizing that the "whole" is dependent upon its "parts." It is based upon the question of "How can we do better?" versus "What did we do wrong?" Quality assurance is not to be used in a punitive manner.

In its simplest form, quality management is the pervasive and continual pursuit of excellence. An effective quality management system requires that there be strong, proactive leadership, sound structures and processes, and an environment conducive to continuous quality improvement.

Quality Management Principles

Resource center written policies and procedures shall assure that:

- A culture of quality management philosophy shall be created and integrated into the general operations of the facility and shall reflect the following principles of quality:
  - An individual's well-being is a bio-psycho-social condition and cannot be conclusively measured compartmentally.
  - Effective decision-making involves those managing services, those providing services and, most importantly, those receiving services.

- Effective results for an individual are achieved by integrated service delivery that is based upon currently accepted standards of practices.
- The pursuit of "quality" has no final destination as it is fluid, changing with an ever-growing knowledge base.
- Employees operate through processes developed within a system. Therefore, to ensure positive change, systems and their processes must be thoroughly assessed and taken into account before employee performance is evaluated.

♦ All employees shall be committed to continuous improvement of care for each individual and are directly responsible for the quality of services provided to individuals served by the resource center.

♦ Leadership shall be committed to and foster multi-disciplinary teamwork including all employees working with individuals.

♦ Leadership shall understand and recognize the interdependence of allied health services and the skill base each brings to quality health care.

♦ Leadership shall utilize and build upon the strengths and abilities of each employee to meet personal and organizational goals.

♦ Leadership shall create a culture of continuous improvement and shall emphasize an encourage learning and responsibility.

Quality Definitions

"Quality assurance" means all activities that contribute to defining, designing, assessing, monitoring, and improving the quality of healthcare. (Source: The Quality Assurance Project (QAP) funded through USAID)

"Quality improvement" means using collaborative efforts and teams to study and improve specific existing processes at all levels in an organization. (Source: JB Quality Solutions, Inc., The Healthcare Quality Handbook 2005)

"Quality management" means a planned, systematic, organization-wide approach to the monitoring, analysis, and improvement of organization performance, thereby continuously improving the quality of patient care and services provided and the likelihood of desired patient outcomes. (Source: JB Quality Solutions, Inc., The Healthcare Quality Handbook 2005)

Facility Leadership Responsibilities

Resource center written policies and procedures shall assure that:

- Facility leadership is knowledgeable of current best practice standards.
- Facility leadership is responsible for ensuring that facility practices are consistent with current standards of care for individuals with developmental disabilities.
- Facility leadership is committed to the institution of quality and shall foster this throughout the organization with all employees.

Structures and Process

Resource center written policies and procedures shall assure that:

- Structures and processes shall be established to effectively implement quality improvement initiatives.
- Each specialty area, or discipline, shall assure that:
  - Employees shall be knowledgeable about and apply current professional knowledge in the field,
  - Current professional standards of practice and measurable outcomes shall be identified and monitored,
  - Professional practice is evidence-based, whenever possible, and minimum standards of quality care shall be identified and monitored, and
  - Employees closest to the individual and responsible for implementing programs shall be actively recruited for their assistance in identifying opportunities for integration of programming.
- Supervisors and managers shall maintain close contact with their employees to foster the pursuit of quality and assess its progress. Meetings shall occur regularly with all employees to assure their understanding and involvement in quality improvement processes, which shall include:
  - Defining, measuring and improving quality,
  - Implementing quality initiatives in their respective area, and
  - Assessing outcomes and the efficacy of quality efforts.

- Supervisors and managers shall maintain effective communication processes to ensure employees remain involved and knowledgeable of quality issues, including individual and facility outcomes, and improvement initiatives.
- Supervisors and managers shall assure the integration of the concept and expectation of quality care into position descriptions and performance evaluations.

Environment

Resource center written policies and procedures shall assure that:

- There shall be a continuous assessment of the culture of the facility, with specific focus on any attitudinal barriers affecting the implementation of self-determination and person-centeredness. Identified issues shall be addressed.
- There shall be ongoing processes to assure that employees are up to date regarding current disability-rights issues and to ensure that the facility's practices are congruent with contemporary thought and practices in the community. Identified issues shall be addressed.

Quality Performance Improvement

Resource center written policies and procedures shall address quality assurance and quality improvement efforts directed towards improvement of services and shall assure that:

- Key performance data shall be routinely collected and analyzed.
- Corrective or improvement activities shall be based upon relevant data.
- Data collection activities shall assure data integrity and reliability.

Quality Reporting Requirements

Resource center written policies and procedures shall assure that:

- Systems and methods shall be in place to regularly collect data for quality management use.
- At a minimum, the data collected shall include the outcomes and performance measures data set as described and defined by the deputy director.

- Written policies and procedures shall assure that performance and quality management data is provided on a monthly basis to the Quality Council.
- Policies and procedures shall assure that monthly data is reported to the deputy director in the required format.

Employee Training and Education on Quality Management

Resource center policies and procedures shall be written and implemented to assure all employees receive based training on quality management principles.

Upon hire and at least annually thereafter, all employees shall receive competency-based training on quality management issues including:

- Terms and processes related to "quality."
- The principles upon which quality management philosophy is built.
- The Department and resource center commitment to quality.
- How quality is defined, measured, and reported.
- The integration of quality measures across service areas or domains.
- The purpose and importance of data collection including:
  - Documentation requirements,
  - Data authenticity and reliability, and
  - Data integrity.
- The role of internal quality management systems.
- Specific quality indicators relevant to the employee's job assignment.
- Tools, reports, and other mechanisms used by the resource center in the provision of quality healthcare.